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United Nations Population Fund

Country programme document for Philippines

Proposed indicative UNFPA assistance:	$20 million: $13 million from regular resources and $7 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Eighth
Category per decision 2017/23:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.5	2.5	7.0
Outcome 2	Adolescents and youth	3.5	3.0	6.5
Outcome 4	Population dynamics	3.5	1.5	5.0
Programme coordination and assistance		1.5	-	1.5
Total		13.0	7.0	20.0

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I. Programme rationale

1. The Philippines has an estimated population of 100.9 million, of which about 11 million are indigenous peoples and 1.4 million are disabled. Young people (aged 10-24 years) represent 29.9 per cent of the population. Despite being a lower middle income country, income inequality and poverty persist. The incidence of poverty was 21.6 per cent in 2015. Among the 17 regions, the incidence of poverty in the Autonomous Region in Muslim Mindanao (which includes eight of the 10 poorest provinces) was highest at 53.7 per cent.

2. Demographic transition (iow birth rates, low death rates) is markedly slower and benefits reaped from the youth bulge of the demographic dividend are likely to be less than neighbouring countries. In 2017, the total fertility rate was at 2.7, modern contraceptive prevalence rate at 40 per cent, and unmet need for family planning among married women at 17 per cent. Maternal mortality ratio was at 114 maternal deaths per 100,000 live births in 2015. Completion rate of secondary students was at 82.4 per cent in 2016. Youth unemployment rate, however, is high at 14.4 per cent compared with the national rate of 5.7 per cent. The female labour force participation rate is low at 46.2 per cent.

3. Many laws and policies are in place to facilitate improvement of the health, education and employment situation but implementation challenges remain. For example, the Responsible Parenthood and Reproductive Health (RPRH) law, aimed at addressing population and development challenges, was passed in 2012. However, the implementation of the law has been beset by legal and operational challenges, and a number of policy gaps persist. One of these is the fact that adolescents under 18 years are not able to exercise their right to access modern family planning without parental consent. Another is that the age of statutory rape has yet to be raised from below 12 years to an age consistent with the onset of consensual sexual activity.

4. Adolescent girls are vulnerable to unintended pregnancy because they lack the information and access to services that enable them to make informed decisions about their sexual and reproductive health. In 2017, nine per cent of 15-19 year olds had begun childbearing, with higher rates for the poorest quintile. Young people between 15-24 years old accounted for 62 per cent of new HIV cases in the Philippines in 2016. In 2016, the Committee on the Elimination of Discrimination Against Women noted that personal laws in Muslim communities and customary laws in indigenous communities provide for unequal relations between men and women on marriage and family matters, and sanction harmful practices through traditionally-arranged child marriage.

5. The Philippines is in the top 10 globally in terms of closing the gender inequality gap in economic participation, political empowerment, education, and health and survival. However, its legal and policy framework has not fully delivered the expected benefits; especially for marginalized women and girls. The Commission on Human Rights (CHR) documented systemic patterns of rights violations in its 2016 national inquiry on reproductive health and rights. Moreover, there has been weak participation of men and boys in sexual and reproductive health, including family planning programmes.

6. The lack of access to sexual and reproductive health services and protection mechanisms is even more pronounced for marginalized women and girls during times of natural disaster. The Philippines was the third most disaster-prone country in 2017, which only served to further hinder access. Furthermore, the Mindanao region's context of conflict, disasters, and governance challenges, means that the meaningful and sustained involvement of young people in peacebuilding, humanitarian and development work remains elusive; despite the critical role this can play in reaping the demographic dividend.

7. Data generation, analysis and utilization for policy and decision-making and for programme design remain key challenges. For example, there is a lack of data on child marriage, on the prevalence of gender-based violence (GBV), and on access to sexual and reproductive health (SRH) services by vulnerable groups such as indigenous peoples and people with disabilities.

8. Two groups that have been left behind in the progress on development are indigenous peoples and the disabled. Both these populations are concentrated in Mindanao which is home to 59 per cent of the country's indigenous population and 22 per cent of those with disabilities. While laws mandate state recognition, protection, promotion, and fulfilment of the rights of indigenous peoples, they often face exclusion, displacement, pressures on and destruction of their culture and traditional ways of life. A 2016 UNFPA-supported study on disability revealed that psychological distress was the most commonly reported issue affecting this group, and that people with disabilities had reduced access to health services, work, education, social welfare, compared to those without a disability; including in post-disaster situations.

9. A limited number of joint programmes and joint programming initiatives were developed in the 2012-2018 cycle of the United Nations Development Assistance Framework (UNDAF). The evaluation of the current UNDAF highlighted the need for more joint work.

10. The seventh country programme evaluation cited three lessons learned: Firstly, advocacy for SRH, population dynamics and development and gender equality was effective, with passionate and committed champions, supported by solid data/evidence, arguing for policy changes and the tools to effectively implement change at the national and local levels. Secondly, in health systems development for Sexual Reproductive Health and Rights (SRHR), leadership and governance are key pillars on par with demand generation and supply. Thirdly, leveraging funds for innovative initiatives is facilitated by tapping national and local coordination mechanisms in place, expanding engagements beyond traditional partners, and the knowledge that UNFPA will successfully see initiatives through to completion.

11. The Philippine Government has given its full commitment to the implementation of Agenda 2030 as evidenced by the 2017-2022 Philippine Development Plan (PDP) and Ambisyon Natin 2040, the long term vision of the Government, which are aligned with the Sustainable Development Goals (SDGs) and its indicator framework. This country programme contributes to achieving the PDP and the SDGs and focuses on "leaving no one behind".

II. Programme priorities and partnerships

12. Under an overarching demographic dividend framework, the country programme aims to accelerate and maximize the realization of the benefits of the dividend (maximizing the economic impact of the youth bulge and preparing for an ageing population) and builds on the gains of previous country programmes. This penultimate country programme before 2030 will help support the Philippines achieve key SDGs and assist the country in realizing zero unmet need for family planning, zero preventable maternal deaths, and putting an end to GBV and harmful practices by 2030.

13. Building on all five programmatic recommendations of the country programme evaluation, focus will be on advocacy for an evidence-based and human rights-based approach to policy changes and for the identification and removal of bottlenecks to the implementation of existing laws, policies and programmes in development and humanitarian settings including the RPRH law and the Magna Carta of Women. The support of UNFPA aims to reach those furthest behind, especially young people, the poorest, the conflict and disaster-affected, indigenous peoples and people with disabilities. Subnational support is concentrated in the most disadvantaged areas of Mindanao, where the development, humanitarian response and peacebuilding nexus will be operationalized. These groups will not only be beneficiaries of the programme, but will be directly involved in designing and implementing activities that improve their lives.

14. To achieve this, UNFPA will assist the Government in reducing the unmet need for family planning and reducing adolescent pregnancy, empowering young people, and strengthening demographic intelligence for policy and decision-making. The outcomes were identified based on the premise that family planning and healthy transitions from childhood to adulthood are the prerequisites for reaping the demographic dividend, and that strategic use of data must facilitate timely and adequate policy measures to

safeguard gains in SRHR. A human rights-based approach and gender equality will be mainstreamed across the country programme. Promotion of SRHR and gender equality is embedded in all three outcomes, with a dedicated focus on prevention and response to GBV and harmful practices in humanitarian and development settings.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: Reducing the unmet need for family planning.* In translating government policies and investments into actions that enable women and couples to have the number of children they want and when they want them, UNFPA will provide technical support to the National Implementation Team on the RPRH law and assist in the development, implementation and monitoring of multi-year costed implementation plans, in both development and humanitarian contexts with the focus on overcoming bottlenecks related to the SRH of those furthest behind. These costed plans include the health sector's response to GBV, as mandated by the RPRH law. It will support the institutionalization of the minimum initial service package during emergencies at national and subnational levels and builds on the Joint Memorandum Circular signed by government agencies during the seventh country programme. It will support the establishment of a functioning inter-agency GBV Coordination body for humanitarian preparedness and response led by the Department of Social Welfare and Development. Lastly, it will strengthen partnerships by supporting an emerging private sector led movement on SRH programmes, including on GBV, in the workplace. Support will be given to CHR's periodic reviews on the exercise of SRHR.

B. Outcome 2: Adolescents and youth

16. *Output 1: Empowering young people.* To improve the life skills of young people so that they can make informed decisions on SRH, UNFPA will assist the Government to fully operationalize the school-based, gender-sensitive, comprehensive sexuality education (CSE) curriculum in accordance with international standards. Informed by the country programme evaluation, support will be provided to further strengthen existing partnerships to prevent and address adolescent pregnancy, HIV and GBV. To address key policy barriers for young people's realization of their SRHR, support to the development of evidence-based legislation on adolescent pregnancy, removal of legal barriers to adolescents' access to services, raising the age of statutory rape to protect children and reduce child marriage in Mindanao will be provided. Working from a planned baseline study on early and child marriage in Mindanao, UNFPA will work with male and female, local political, religious and traditional leaders to develop and pilot interventions in selected communities to reduce child marriage; leveraging a fatwa prepared with UNFPA support.

17. To ensure young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and sustaining peace, UNFPA will reach young people through a youth leadership programme in the conflict-affected and natural disaster-prone areas of Mindanao. This programme intends to influence the SRH attitudes and practices of young people, as well as promote positive values in the areas of GBV prevention (especially among boys), school completion, decent and productive employment, and peacebuilding. It will build on previous UNFPA experience reaching young people at-scale through the use of social media, mobile phones and community events. UNFPA will also work with Mindanao local government units in a youth governance programme aimed at integrating the SRH of adolescents and youth, including those marginalized, into local development plans.

C. Outcome 4. Population dynamics

18. *Output 1: Strengthening demographic intelligence.* UNFPA will assist the Government in utilizing demographic intelligence to improve the responsiveness, targeting and impact of development policies and programmes. To contribute to the body of evidence on the demographic dividend and the SDGs that specifically focus on health (including SRH), education and employment, UNFPA will continue to support the conduct and institutionalization of the 15-year (2016-2030) longitudinal cohort study on the 10-year old child's SDG journey. This will include a focus on the most vulnerable,

and the publication and dissemination to policymakers of regular demographic intelligence reports that will identify the policy implications of population dynamics. This evidence will feed into the Commission on Population (POPCOM) led National Action Plan to harness the demographic dividend, which will be developed, implemented, and monitored with UNFPA support. The country programme will also assist in establishing common operational data sets on population statistics for humanitarian settings, and in undertaking a Violence Against Women (VAW) prevalence study that will strengthen the evidence base for GBV initiatives under Outcome 1.

19. UNFPA will complete a transition from a programme donor to a catalyser of change. UNFPA support is a starting point for scale up through strategic partnerships with key national and local government, civil society organizations (CSOs), youth groups, religious and traditional leaders, social media influencers, development partners, and the private sector.

20. South-South and triangular cooperation initiatives, i.e. with Indonesia, will continue to be supported. Good practices in humanitarian response and demographic dividend integration into development planning from the seventh country programme and lessons learned from the eighth will be documented and shared internationally. UNFPA will coordinate its support closely with other United Nations organizations under the umbrella of the 2030 Agenda for Sustainable Development, the Quadrennial Comprehensive Policy Review, the UNDAF emanating from the UNDP, UNICEF, UNFPA and UN-Women strategic plan common chapter. Joint programming or joint technical assistance with other United Nations organizations will be explored where UNFPA expertise alone is inadequate to reap the benefits of the demographic dividend, such as education and employment.

III. Programme and risk management

21. Under the overall coordination of the country programme by the National Economic and Development Authority (NEDA), national execution, through a harmonized approach to cash transfers, will be the preferred implementation modality, following appropriate risk and capacity analysis of implementing partners.

22. UNFPA will undertake programme management and provide quality technical assistance directly to partners. Staff capacity on advocacy and policy dialogue, demographic intelligence, conflict resolution and peacebuilding will be strengthened. UNFPA will retain the core capacity to support SRH and GBV coordination and respond to humanitarian disasters and to activities in Mindanao.

23. The major risk for the country programme is the country's vulnerability to natural and man-made disasters. To mitigate the risk of disasters, disaster preparedness and response and support to peacebuilding activities will be integrated into development activities. In humanitarian situations, UNFPA may re-programme funding towards emergency-response activities.

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and its internal control framework.

IV. Monitoring and evaluation

25. UNFPA will pursue results-based management approaches to maximize impact, according to guidelines and best practices. Roles and responsibilities for monitoring, data collection mechanisms, schedules for data collection and data sources will be defined. Annual programme reviews and work planning will be informed by monitoring data which will guide corrective measures to achieve the desired results.

26. Costed monitoring and evaluation plans will be developed to track all results and resources framework indicators. This will ensure that adequate resources for monitoring

and evaluation of programme results are allocated. A country programme evaluation and thematic evaluations will be undertaken.

27. Joint monitoring and assurance activities will be implemented with other United Nations partners and national institutions, as part of the UNDAF and using the harmonized approach to cash transfers framework.

RESULTS AND RESOURCES FRAMEWORK FOR PHILIPPINES (2019-2023)

National priorities:
The Philippine Development Plan 2017-2022 aims to:
1) Reduce inequalities in human development outcomes. In particular, it aims to improve nutrition and health for all, ensure lifelong opportunities for all, and increase the income-earning ability of Filipinos (Outcomes 1, 2, 4);
2) Speed up the demographic transition and maximize potential gains from the demographic dividend; and (Outcomes 1, 2, 4);
3) Establish an information infrastructure that will allow the exchange, collaboration and sharing of data for evidence-based policymaking and planning (Outcome 4).
UNDAF outcomes:
The most marginalized, vulnerable, and at risk people and groups benefit from inclusive and quality services and live in a supportive environment wherein their nutrition, food security, and health are ensured/protected. (Outcomes 1, 2, 4);
Urbanization, economic growth, and climate change actions are converging for a resilient, equitable, and sustainable development path for communities (Outcomes 2, 4);
National and local governments and key stakeholders recognize and share a common understanding of the diverse cultural history, identity and inequalities of areas affected by conflict, enabling the establishment of inclusive and responsive governance systems and accelerating sustainable and equitable development for just and lasting peace in conflict-affected areas in Mindanao (Outcome 2).
Indicator: Contraceptive prevalence rate for modern family planning (currently married) *Baseline:* 40.4%; *Target:* 46.4%

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health and services and exercised reproductive rights, free of coercion, discrimination and violence. Outcome indicator(s): • Contraceptive prevalence rate for modern family planning methods *Baseline: 40.4% (currently married), 17.4% (sexually active unmarried); Target: 46.4%, 23.4%* • Unmet need for family planning *Baseline: 16.7% (currently married), 48.7% (sexually active unmarried); Target: 13.7%, 45.7%*	Output 1: Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings	Output indicators: • Number of costed multi-year national implementation plans (NIP) developed and monitored for key result areas of the RPRH law that ensure universal access to comprehensive SRH and GBV information and services in development and humanitarian settings. *Baseline: 1 NIP for family planning; Target: 4 cumulative NIPs for family planning (annually monitored), GBV, MISP, CSE* • Number of bottleneck analyses in accessing SRH/GBV information and services by those left furthest behind developed and shared with policymakers *Baseline: 0; Target: 5 analyses on SRH/GBV access bottlenecks of young people, people with disabilities, farmers and fisherfolk, indigenous people, conflict and disaster-affected developed and disseminated*	Department of: Health; Social Welfare and Development; Education; Labour and Employment; Budget and Management; POPCOM; NEDA; United Nations organizations	$5.7 million ($3.5 million from regular and $2.2 million from other resources)
	Output 2: Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and	Output indicators: • Number of periodic SRHR reviews conducted by the national human rights institution *Baseline: 1; Target: 2*	CHR	$1.3 million ($1.0 million from regular and $0.3 million

	health-system stakeholders at all levels			from other resources)
Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights Outcome indicator(s): • Percentage of young women and men (15-19) who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission *Baseline: 14.5%; Target: 30%* • Adolescent birth rate (15-19) per 1,000 women in that age group *Baseline: 47; Target: 40*	Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being	Output indicators: • School-based comprehensive sexuality education curricula in accordance with international standards operationalized and evaluated *Baseline: No; Target: Yes*	Department of Education; National Youth Commission; CSOs	$2.0 million ($1.0 million from regular and other resources respectively)
	Output 2: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being, including in crisis contexts	Output indicators: • Number of Mindanao local government units that integrate the SRH of adolescents and youth, including those marginalized, in their development plans *Baseline: 0; Target: 50* • Number of community mobilization models that address GBV and harmful practices facing adolescents and youths developed and pilot-tested *Baseline: 0;* *Target: 1*	Department of. Health; Interior and Local Government; Social Welfare and Development; POPCOM; Office of the Presidential Adviser on the Peace Process; National Youth Commission; CSOs	$4.5 million ($2.5 million from regular and $2.0 million from other resources)
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development Outcome indicator(s): • Present value of projected total demographic dividend between 2019 and 2023 *Baseline: US$63.4 billion;* *Target: US$128.0 billion*	Output 1: Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized	Output indicators: • Integrated National Action Plan to harness the demographic dividend developed and implemented *Baseline: No;* *Target: Yes* • Number of analyses on the policy implications of demographic intelligence data developed and shared with policymakers *Baseline: 1 Baseline result of the Longitudinal Cohort Study on the 10 year old child;* *Target: 5 analyses on the policy implications from the Longitudinal Study, VAW prevalence study, study on impact of ageing reported to policymakers*	Philippine Statistics Authority; NEDA; Department of: Health; Social Welfare and Development; POPCOM; Philippine Commission on Women; United Nations organizations	$5.0 million ($3.5 million from regular and $1.5 million from other resources)